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3713 7590 12/30/2009

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William L. Androlia Reg. No. 27,177 (Depositor's name)

(Signature)

March 29, 2010

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/594,980	09/29/2006	Hirofumi Takikawa	57A 3896 PCT	4610

TITLE OF INVENTION: POWER SUPPLY CIRCUIT FOR PLASMA GENERATION, PLASMA GENERATING APPARATUS, PLASMA PROCESSING APPARATUS AND PLASMA PROCESSED OBJECT

04/06/2010 EFLORES1 00000116 10594980

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/30/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALEMU, EPHREM	2821	315-111210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 WILLIAM L. ANDROLIA

2 H. HENRY KODA

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HIROFUMI TAKIKAWA

AICHI, JAPAN and OSAKA, JAPAN, respectively

and
DAIKEN CHEMICAL CO., LTD.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4367 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 3/29/10

Typed or printed name William L. Androlia

Registration No. 27,177

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